## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

10789529

_			(Column 1)		(Column 2)		TYPE			OR	SMALL ENTITY	
TOTAL CLAIMS			26			•	.	RATE	FEE	7	RATE	FEĘ
FOR .			NUMBER FILED		NUMBER EXTRA		Ì	BASIC FE	E 385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	26 minus 20= *		E	, )		X\$ 9=		OR	X\$18=	108
IN	DEPENDENT (	CLAIMS	2 minus 3 = "					X43=	· ·	OR	X86=	
М	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=		OR		
* If the difference in column 1 is less than zero, enter						column 2	•	TOTAL	1	OR	TOTAL	878
CLAIMS AS AMENDED - PAI (Column 1) (Column 1)						(Column 3)		SMALL	ENTITY	<b>o</b> r	OTHER SMALL	THAN
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	ST R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		. X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	·	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	·	OR	+290=	
1.4								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	,	(Column 1)		(Column	_	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOI	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	,	. =		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	-	X43=		1 1	X86=	
۷_	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDENT CL	.AIM		-	740-		OR	700-	
								+145=		OR	+290=	
							. AI	TOTAL ODIT. FEE	. •	OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Column:		(Column 3)			. •	•		•••
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	F	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		2	十	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/ <del>-</del>		OR	<b>∧00=</b>	
* 16	the entry in colur	nn 1 is less than th	e este in colum	ma O umita tota	in1		Ŀ	+145=	•	OR	+290=	
** H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
Ť	he *Highest Num	ber Previously Pak	f For" (Total or	Independent) i	is the h	ાghest number	found	I in the app	ropriate box	in colu	mri 1.	